2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90192 012 ****70.00

DOCUMENT # N05000006289

1. Entity Name
LIVELY STONES CHRISTIAN CENTER INTERNATIONAL, INC.

40066715

Principal Place of Business	Mailing Address
1560 SW 87TH TERRACE PEMBROKE PINES, FL 33025	1560 SW 87TH TERRACE PEMBROKE PINES, FL 33025

03072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
1560 SW 87th terrace	1560 SW 87 th terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, Florida	City & State: Pembroke Pines, Florida
Zip: 33025 Country: USA	Zip: 33025 Country: USA

4. FEI Number 59-3811271 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNOWLES,-BURLEY 1560 SW 87TH TERRACE PEMBROKE PINES, FL 33025	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Burley Knowles 4/23/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KNOWLES, BURLEY 1560 SW 87TH TERRACE PEMBROKE PINES, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NOEL, NEKEISHA 112 NW 3RD STREET HALLANDALE, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Larissa LECONTE, LARISSA 365 NE 191 ST APT #204 MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Burley Knowles 4/13/06 (954)430-1871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #